

Chapter 1

Background/History

HASCI Waiver Procedural Manual

BACKGROUND/HISTORY

History of the DDSN Head and Spinal Cord Injury Division

In 1993, the South Carolina Legislature created the Head and Spinal Cord Injury (HASCI) Division within the South Carolina Department of Disabilities and Special Needs (SCDDSN). Section 44-38-370 of the South Carolina Code of Laws states:

“A person is eligible for case management services under this article when at the time of determining eligibility the person has a severe chronic limitation that:

- (1) is attributed to a physical impairment, including head injury, spinal cord injury, or both, or a similar disability, regardless of the age of onset but not associated with the process of a progressive degenerative illness or disease, dementia, or a neurological disorder related to aging;
- (2) is likely to continue indefinitely without intervention;
- (3) results in substantial functional limitations in at least two of these life activities:
 - (a) self-care;
 - (b) receptive and expressive communication;
 - (c) learning;
 - (d) mobility;
 - (e) self-direction;
 - (f) capacity for independent living;
 - (g) economic self-sufficiency; and
- (4) reflects the person’s need for a combination and sequence of special interdisciplinary or generic care or treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.”

At that time, only Service Coordination and Family Support Services were available. In 1994, DDSN began work on a Medicaid Home and Community-based (HCB) Waiver to serve individuals who are determined eligible for services through the HASCI Division. The first Waiver participants began receiving services in July of 1995.

What is a Medicaid HCB Waiver?

Section 1915 (c) of the federal Medicaid Act provides the basis for Home and Community-based (HCB) Waiver programs. The Medicaid HCB Waiver programs allows States to provide services, some not available through the Medicaid State Plan, to individuals who would otherwise require care in an institutional setting. Prior to the development of HCB Waivers, the only Medicaid-funded long-term care benefit was an institutional placement. The Centers for Medicare & Medicaid Services (CMS) is responsible for approving and monitoring a State's Medicaid HCB Waiver. CMS is a division of the U. S. Department of Health and Human Services.

When the HCB Waiver option is chosen, the state must make several assurances to CMS. The State must assure that necessary safeguards are taken to protect the health and welfare of all recipients, assure that all recipients have an individualized plan of care and a system for reviewing the plan of care, assure that services are provided by qualified providers, assure that all recipients require the level of care that would be provided in an institution, assure that the recipient's need for the specified level of care is periodically reevaluated and assure that the administration of the Waiver services/program is consistent with the Waiver application approved by CMS. The State must assure that:

- Individuals are given the choice of either institutional or home and community-based services
- Individuals are informed of all reasonable alternatives available under the Waiver,
- Individuals are given the choice of providers of services, and
- The expenditures under the Waiver will not exceed, in the aggregate, the amount that would have been spent if the recipient had chosen institutionalization

Medicaid Waiver participants receive services similar (but not identical) to those available in an institution, but in a home and/or community based setting. They may receive services that are an extension of the State Medicaid Plan or services that are unique to the Waiver. **The average cost of providing Waiver services must be equal to or less expensive than the average cost of institutional care.** In addition, any service provided through an HCB Waiver must prevent institutionalization.

Medicaid Waivers in South Carolina

Currently, there are six different Medicaid Home and Community-Based Waivers in South Carolina: HIV/AIDS Waiver, Elderly/Disabled (ED) Waiver, Mental Retardation/Related Disabilities (MR/RD) Waiver, Head and Spinal Cord Injury (HASCI) Waiver, Ventilator Dependent (Vent)

Waiver for Adults and the SC Choice Waiver. The Community Long Term Care (CLTC) Division of the Department of Health and Human Services (DHHS) operates the HIV/AIDS, ED, Vent and SC Choice Waivers. The HASCI Waiver and the MR/RD Waiver are joint projects between DHHS and DDSN. Attachment 1 contains information about these Waivers.

An individual may meet eligibility requirements for several different Waivers. However, an individual may only participate in one (1) specific waiver. The Waiver chosen by the individual and that best suits their needs will serve the individual.